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APPLICATION NUMBER	PATENT NUMBER	GROUP ART UNIT	FILE WRAPPER LOCATION
10/083,225		2642	26M1

**Change of Address/Power of Attorney**

**The following fields have been set to Customer Number 40987 on**

- Correspondence Address

**The address of record for Customer Number 40987 is:**

AKERMAN SENTERFITT  
P. O. BOX 3188  
WEST PALM BEACH, FL 33402-3188

**The Practitioners of record for Customer Number 40987 are:**

**PTO INSTRUCTIONS:**

**Please take the following action when the correspondence address has been changed to a customer number:**

- 1) Add 'ADDRESS CHANGE TO CUSTOMER NUMBER' on the next available content line of the File Jacket.**
- 2) Put a line through the old address on the File Jacket and enter the Customer Number as the new address.**
- 3) File this Notice in the File Jacket.**

**Please take the following action when the correspondence address has NOT been changed:**

- 1) File this Notice in the File Jacket**